

Original Article

Effectiveness Of Home Visit On Drug Compliance In Adult Hipertens In Gadung Puskesmas Buol District

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ARTICLE INFO

Article History:

Submit, 11 Jan 2019

Revised, 31 Mar 2019

Accepted, 21 Apr 2019

Available online, 30 June 2019

Keywords:

Home Visit, Compliance, Elderly

ABSTRACT

Background: Hypertension has become a deadly disease in many developed countries and has developed over the last eight decades. Hypertension that occurs for a long time and continuously can trigger a stroke, heart attack, heart failure, and is a major cause of chronic kidney failure. For those who have these risk factors should be more vigilant and earlier in making preventive efforts, for example, compliance control or routine blood pressure control, supervision and scheduling routine medication more than once during a Home Visit, and try to avoid triggering factors Hypertension. Objective To find out whether there is an influence of Home Visit on Compliance in Taking Medication in Elderly Hypertension in Gadung Public Health Center in Buol District. The design used in this study is Pre-experimentation (One Group pre-posttets design). The population is all elderly with hypertension. The sample size was 38 respondents using simple random sampling technique. The independent variable of the study is the home visit. The dependent variable is medication adherence. Data were collected using a questionnaire, then data were analyzed using Wilcoxon test with a significance level of $\alpha \leq 0.05$.

The results showed that the majority of respondents before the intervention had non-compliance compliance as many as 25 respondents (65.8%), after the intervention had obedience as many as 28 respondents (73.7%), the statistical test in the study used Wilcoxon test with a <0.05 obtained $p = 0,000$ where H_1 was accepted and H_0 was rejected, which means that there was an influence of Home Visit on Medication Compliance in Hypertensive Elderly in Gadung Public Health Center, Buol Regency

There is an influence of Home Visit Against Compliance with Medication in Elderly Hypertension in Gadung Public Health Center, Buol Regency.

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Introduction

Heart and blood vessel disease including hypertension is one of the non-communicable

diseases which tends to become a major public health problem through the infectious disease

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itself (Bare, 2013). Hypertension has become a deadly disease in many developed countries and has developed over the last eight decades. Hypertension is often referred to as the "silent killer" (Demon Killer) because often people with hypertension for years do not feel any disturbance or symptoms and without realizing the patient has experienced complications in vital organs such as heart, brain and kidney (Andrian, 2013). Symptoms due to hypertension such as dizziness, vision problems, headaches often occur when hypertension is advanced when the blood pressure has reached a significant number. Hypertension that occurs for a long time and continuously can trigger a stroke, heart attack, heart failure, and is a major cause of chronic kidney failure.

World Health Organization (WHO) In 2017 there were 1 billion people suffering from hypertension. Data from the Ministry of Health on the prevalence of hypertension in Indonesia is 34.1% (Risikesdas, 2018). Based on data from the Health Service of Central Sulawesi Province, the prevalence of hypertension was 8% in 2018, Buol District 4789 new cases were found out of 223. 318 people (Risikesdas, 2018) and in 2017 new cases of hypertension were 3067 out of 225. 875 people, and for the discovery of new cases of hypertension sufferers in the working area of the Gadung puskesmas, 417 out of 12816 people (2017). The results of a preliminary study at the Gadung Public Health Center in Buol District showed that hypertension patients in 2017 were 247 people and in 2018 324 people, the average hypertension sufferers in 2018 in the elderly were 42 patients (49%) per month from 89 elderly with complaints of dizziness, neck pain and stiff. Hypertension treatment standard treatment still reaches 47%. From the interviews of 10 elderly people who were not compliant to take medicine they argued that the problem of non-compliance with taking medicine included no one taking for control to the Puskesmas, Puskesmas far from home, no family members accompanying them to take medicine. Elderly who do not obediently take medicine found patients suddenly snoring and stroke.

Hypertension is not yet known the exact cause, but found several risk factors that can cause high blood pressure, such as old age, a history of high blood pressure in the family (Fatmah, 2014), in addition to the increase in blood pressure also influenced by how many risk factors between others include age, sex, overweight followed by lack of physical activity, dietary patterns (excess consumption of fatty foods and high salt content), living habits such as smoking and drinking alcohol. For those who have these risk factors should be more vigilant and earlier in making preventive efforts, for example, compliance control or routine blood pressure control more than once, and try to avoid the factors that trigger hypertension. If there is no routine control, then there can be a big potential for complications, such as stroke heart disease to death.

Appropriate management solutions in the prevention and control of hypertension. Treatment of hypertension can be broadly divided into two types, namely non pharmacological and pharmacological (Lewis 2014). Pathological conditions require treatment or therapy namely nonpharmacological therapy and pharmacological therapy (Putri, 2014). Non-pharmacological therapy is therapy without the use of drug agents, whereas pharmacological therapy uses drugs or compounds which in their work can affect blood pressure. Pharmacological therapy grouping that is used to control blood pressure in hypertensive patients is angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) (Sumadibrata, 2016), while nonpharmacological management including lifestyle modification including stress management and anxiety are the initial rarities that must be done (Lewis, 2014) besides reducing obesity, relaxing and reducing salt intake.

Non-pharmacological therapy should be given to all hypertensive patients such as lifestyle modification namely alcohol consumption, weight control including stress and anxiety control with the aim of lowering blood pressure and controlling risk factors and other accompanying diseases. Novian (2013)

and Irmawati (2016) revealed that there is a relationship between the level of education, level of knowledge, role of the family, the role of health workers with the compliance of hypertensive patients and also compliance with taking medication. One of the therapeutic solutions in the form of a Home visit in increasing non-compliance with taking medication for the handling of hypertension can be done in hospitals, Puskesmas, Posbindu and clinical practice of health workers. Based on the background on the previous page, the researcher intends to conduct a study entitled "The Effectiveness of Home Visit Against Medication Compliance with Hypertension in the Elderly Community Health Center in Gadung, Buol District"

Method

The design used in the study is Pre-experimentation (One Group pre-posttest design). The population is all elderly with hypertension. The sample size was 38 respondents using simple random sampling technique. The independent variable of the study is the home visit. The dependent variable is medication adherence. Data were collected using a questionnaire, then data were analyzed using Wilcoxon test with a significance level of $\alpha \leq 0.05$.

Results

Table 1. Distribution of Frequency of Respondents by Compliance Before Intervention was given at Gadung Public Health Center in Buol District on 1 July-31 August 2019 (n = 38)

No	Compliance	Frequency	Percentage
1	Non-compliance	25	65,8
2	Comply	13	34,2
Total		38	100

The results showed that the majority of respondents before the intervention had disobedience as many as 25 respondents (65.8%).

Table 2. Distribution of Frequency of Respondents by Compliance After Intervention at the Gadung Public Health Center in Buol District on July 1-August 31, 2019 (n = 38)

No	Compliance	Frequency	Percentage
1	Non-compliance	10	26,3
2	Comply	28	73,7
Total		38	100

The results showed that most of the respondents after the intervention had obedience as many as 28 respondents (73.7%).

Table 3. Test Statistics

	Kepatuhan_Sesudah - Kepatuhan_Sebelum
Z	-3,873 ^a
Asymp. Sig. (2-tailed)	,000

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Statistical test in the study used Wilcoxon test with a <0.05 obtained $p = 0,000$ where H1 was accepted and H0 was rejected, which means that there was an influence of Home Visit Against Drug Compliance in Hypertensive Elderly at Gadung Public Health Center in Buol District

Discussion

Statistical test in the study used Wilcoxon test with a <0.05 obtained $p = 0,000$ where H1 was accepted and H0 was rejected, which means that there was an influence of Home Visit Against Drug Compliance in Hypertensive Elderly at

Gadung Public Health Center in Buol District

According to Niven's (2012) theory about Strategies to Increase Compliance According to Niven (2012) Various strategies have been tried to improve compliance, among others, support for health professionals is needed to improve compliance, the simplest example of this support is the existence of communication techniques. Communication plays an important role because good communication is given by health professionals both Doctors / Nurses can instill obedience for patients, Social support. In this case what is meant is family. Health professionals who can convince the patient's family to support the improvement of the patient's health then non-compliance can be reduced. Healthy behavior of people with hypertension is needed. People with hypertension need healthy behaviors including how to avoid further complications if you already suffer from hypertension. Lifestyle modification and control on a regular basis or taking antihypertensive medication is very necessary for hypertensive patients. Provision of clear information to patients and families about the disease and how to treat it. Thus the family and the patient can find out how to prevent the recurrence of the disease and its effects.

Based on the results of the study found that there is an influence of Home Visit Against Compliance with Taking Medication in Elderly Hypertension in Gadung Health Center, Buol Regency. Determinants or determinants of human behavior are difficult to limit because behavior is the resultant of various factors. In reality it is difficult to differentiate in determining behavior because it is influenced by other factors, including factors of experience, beliefs, physical facilities, sociocultural society, and so on so that the process of formation of knowledge

and behavior. The results obtained by many respondents during your treatment taking medication every day, respondents know that treatment requires a long period of time, respondents always take medication according to the type of medication given by the doctor. Respondents followed the rules of using drugs in one full day, Respondents followed the rules of using drugs in one full week, have you ever shared the drug with other people. This shows that the home visit was very effective in increasing the adherence of the elderly with hypertension.

Conclusion

1. The results showed that the majority of respondents before the intervention had disobedience as many as 25 respondents (65.8%).
2. The results showed that most of the respondents after the intervention had obedience as many as 28 respondents (73.7%).
3. Statistical test in the study used Wilcoxon test with a <0.05 obtained $p = 0,000$ where H_1 was accepted and H_0 was rejected, which means that there was an influence of Home Visit Against Drug Compliance in Hypertensive Elderly at Gadung Public Health Center in Buol District

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